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PTO/SB/01 (10-00)

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	PRD-2009-USPCT1
		First Named Inventor	Pieter Johan Peeters
		<b>COMPLETE IF KNOWN</b>	
		Application Number	10/533,054
		Filing Date	April 27, 2005
		Group Art Unit	Unassigned
		Examiner Name	Unassigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CRH RESPONSIVE GENES IN CNS**  
*(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **04/27/2005** as United States Application Number **10/533,054**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
PCT/EP03/11792 PCT/EP02/12274	PCT EP	10/23/2003 10/31/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

Practitioners at Customer Number 000027777 → Place Customer Number Bar Code Label Here

AND

Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Laura A. Donnelly at telephone number (732) 524-1729.

Customer Number  
Direct all correspondence to:  or Bar Code Label 000027777 OR  Correspondence address below

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Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>PIETER JOHAN</u>		Family Name or Surname <u>PEETERS</u>	
Inventor's Signature			Date <u>04 - 01 - 2006</u>
Residence: City <u>DESSEL</u> <u>BE</u>	State	Country <u>BELGIUM</u>	Citizenship <u>BELGIAN</u>
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30			
City <u>Beerse</u>	State	ZIP <u>2340</u>	Country <u>BELGIUM</u>

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>HINRICH WILHELM HELMUT</u>		Family Name or Surname <u>GÖHLMANN</u>	
Inventor's Signature			Date <u>04 - 07 - 2006</u>
Residence: City ' <u>s-HERTOGENBOSCH</u> <u>NL</u>	State	Country <u>the NETHERLANDS</u>	Citizenship <u>GERMAN</u>
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30			
City <u>Beerse</u>	State	ZIP <u>2340</u>	Country <u>BELGIUM</u>

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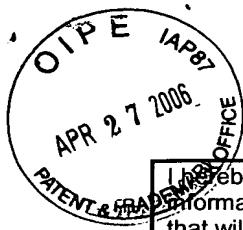
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>SIGRID MARIA ALICE</u>		Family Name or Surname <u>SWAGEMAKERS</u>	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship <u>DUTCH</u>
Mailing Address Pizarrostraat 2			
City <u>Hulst</u>	State	ZIP <u>4562-AR</u>	Country <u>the NETHERLANDS</u>

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) PIETER JOHAN		Family Name or Surname PEETERS	
Inventor's Signature		Date	
Residence: City DESSEL	State	Country BELGIUM	Citizenship BELGIAN
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30			
City Beerse	State	ZIP 2340	Country BELGIUM
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) HINRICH WILHELM HELMUT		Family Name or Surname GÖHLMANN	
Inventor's Signature		Date	
Residence: City 's-HERTOGENBOSCH	State	Country the NETHERLANDS	Citizenship GERMAN
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30			
City Beerse	State	ZIP 2340	Country BELGIUM
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) SIGRID MARIA ALICE		Family Name or Surname SWAGEMAKERS	
Inventor's Signature		Date 04-11-2006	
Residence: City	State	Country	Citizenship DUTCH
Mailing Address Pizarrostraat 2			
City Hulst	NL	State	ZIP 4562-AR
		Country the NETHERLANDS	

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) STEFAN ULRICH		Family Name or Surname KASS	
Inventor's Signature			Date 04-21-2006
Residence: City TURNHOUT BE	State	Country BELGIUM	Citizenship GERMAN
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30			
City Beerse	State	ZIP 2340	Country BELGIUM
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) THOMAS HORST WOLFGANG		Family Name or Surname STECKLER	
Inventor's Signature			Date 04-21-2006
Residence: City GEEL BE	State	Country BELGIUM	Citizenship GERMAN
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30			
City Beerse	State	ZIP 2340	Country BELGIUM
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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) FREDERIK LUCIEN PIETER		Family Name or Surname FIERENS	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship BELGIAN
Mailing Address Ruggeveldlaan 590 bus 6			
City DEURNE	State	ZIP 2100	Country BELGIUM



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) STEFAN ULRICH		Family Name or Surname KASS		
Inventor's Signature		Date		
Residence: City TURNHOUT	State	Country BELGIUM	Citizenship GERMAN	
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30				
City Beerse	State	ZIP 2340	Country BELGIUM	
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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) THOMAS HORST WOLFGANG		Family Name or Surname STECKLER		
Inventor's Signature		Date		
Residence: City GEEL	State	Country BELGIUM	Citizenship GERMAN	
Mailing Address c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30				
City Beerse	State	ZIP 2340	Country BELGIUM	
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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) FREDERIK LUCIEN PIETER		Family Name or Surname FIERENS		
Inventor's Signature			Date	04 - 06 - 2006
Residence: City	State	Country	Citizenship BELGIAN	
Mailing Address Ruggeveldlaan 590 bus 6				
City DEURNE	BEX	State	ZIP 2100	Country BELGIUM